8:17-cv-00083-JFB-CRZ Doc # 10 Filed: 03/22/17 Page 12 of 14 - Page ID # 38

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 8:17-cv-00083

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

	This summons for (na	me of individual and title, if an	ny) Bryan Svajgl		
was rec	eived by me on (date)	March 22, 2017	•		
	☐ I personally served	I the summons on the ind	lividual at (place)		
			on (date)	; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)				
	· · · · · · · · · · · · · · · · · · ·	ion who resides there,			
	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summ	ons on (name of individual)		, who is	
	designated by law to				
			on (date)	; or	
	☐ I returned the sum:	; or			
	Other (specify): Summons was served on Defendant Bryan Svajgl by United States certified mail, postage of \$6.98 prepaid, on March 24, 2017, as reflected on the attached certified mail signature card.				
	My fees are \$	for travel and S	for services, for s	a total of \$ 0.00	
	I declare under penalty of perjury that this information is true.				
Date:	March 9 , 2017	-	Server's signa	<u></u>	
			Server's signa	iure	
		_	Christopher J. Tjaden, Attorney		
			Printed name and Gross & Welch, P.C., L.L.O. 1500 Omaha Tower 2120 South 72nd Street Omaha, NE 68124	d tille	
		-	Server's addr	ess	

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

Bryan Svajal Papillion Police Department 1000 East First Street Papillion, NE 68046-7611



O Article Number (Transfer from contine label)

1,520 3965 2403 FNNN

COMPLETE THIS SECTION ON DELIVERY

A. Signature	-	
25 Charles Box daid	1	☐ Agent
SIMMIN DIOMAR	W	☐ Addressee
B. Received by (Printed Name)	C.	Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Adult Signature Restricted Delivery Certified Mail®

Certified Mail Restricted Delivery Collect on Delivery

☐ Collect on Delivery Restricted Delivery ☐ Insured Mail

3. Service Type

□ Adult Signature

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

T Yes

T No

☐ Registered Mail™ □ Registered Mail Restricted

Delivery ☐ Return Receipt for Merchandise

☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt